



PATIENT PRESENTING CLINICAL SIGNS

Luigi Vandeldon

Patient with history of heart disease presents for marked cardiomegaly compared to last radiographs in 11/2022, suspect worsening heart disease. Current meds: Benazapril 5 mgs BID, Furosemide 50 mg 1/2 a.m., 1/4 tab noon, and 1/2 tab p.m., Pimobendan 5 mgs 3/4 tab BID, Hydrocodone 2-3 mgs PRN for coughing.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL as of 12/2022.

BREED

Havanese

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

SEX

Neutered Male

AGE

14 Years

WEIGHT

29.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	6.4	--	2.4	>3.0	38	68	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	94	1.45	.80	--	6.09	4.59	--

Cardiac Presentation

The cardiac presentation in this patient presented severe left atrial enlargement. Prolapse of the anterior mitral valve leaflet was noted. Contractility was compensatory. Aortic and pulmonic outflow velocities were unremarkable. A mild amount of pericardial effusion was noted, as well as arrhythmogenic activity. No tamponade effect was noted. No evidence of masses. Comet tail lung pattern /bee lines were noted throughout the peripheral lung fields. Hepatic veins and vena cava were dilated, suggestive for pulmonary hypertension, as well as left and right sided heart failure.

ULTRASONOGRAPHIC FINDINGS

- Stage D-1 valvular disease with concurrent pulmonary edema or pulmonary pathology.
- Left and right sided heart failure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The slight pericardial effusion may be owing to long standing heart failure, however, cannot rule out a small left atrial tear. This patient is at high risk for sudden death. I recommend continuation of the current triple therapy, and adding Spironolactone 1-2 mg/kg BID, as well as Sildenafil 1 mg/kg BID (increasing to 1.5 mg/kg BID after two weeks), monitoring BUN, creatinine, USG, chest radiographs, and sleeping respiratory rate (target <25 p/m). Furosemide in the immediate timeframe can be increased as well (up to 3-4 mg/kg BID), however, should be temporary and azotemia should be

INVOICE

22426

DATE

5/9/23

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara



PATIENT

Luigi Vandeldon

monitored carefully. Prognosis is extremely guarded. Cage rest +/- O2 therapy and limited essential leash walking is recommended. I recommend blood pressure daily to every 3-5 days if stabilizing. Recheck echo in 1-4 weeks depending on clinical progression or regression. This patient should NOT undergo anesthesia unless for a lifesaving event.

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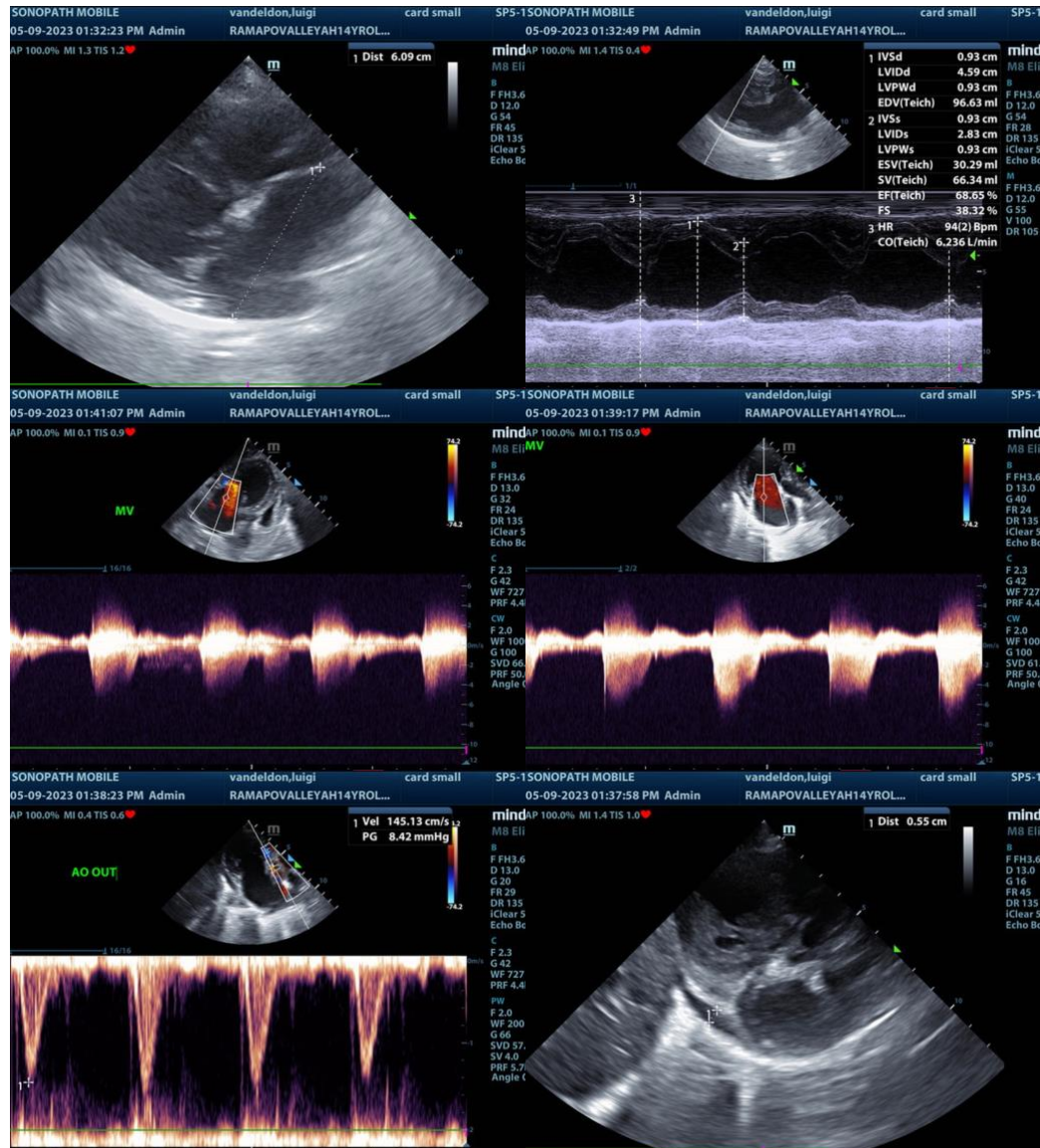
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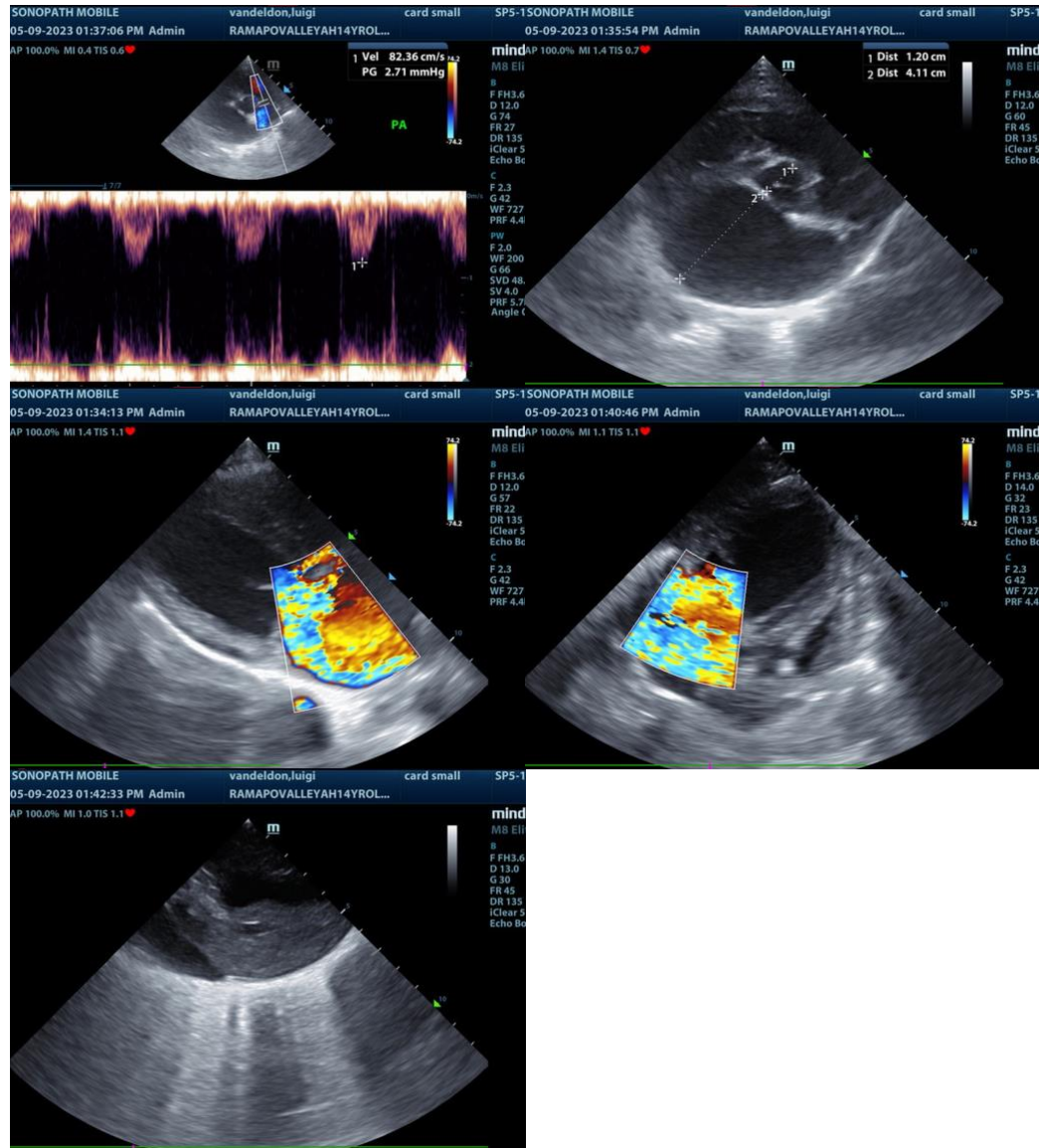
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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